

## HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

① Manifest  
Number

- 102559

## GENERATOR

(Generator Must Complete)

② Name Western Processors  
EPA NO. WA D009487513  
Address 7215 S. 196th Phone No. \_\_\_\_\_  
City, State, Zip Kent, WA

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name Crosby & Overton  
EPA NO. WA 8991281767  
Address 20245-76 Ave S  
City, State, Zip Kent, WA 98032

④ Alternate TSD Facility

Name \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE <u>NONE</u>	<u>NONE</u>	<u>—</u>	<u>4</u>	<u>55gal</u>
WASTE _____	_____	_____	_____	_____

CONTAINERS NUMBER: \_\_\_\_\_  
TYPE: ☒ DRUMS ☐ BAGS ☐ CARTONS  
☐ TANK TRUCK ☐ DUMP TRUCK  
☐ OTHER

⑥ WASTE CATEGORY 901

⑦ EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_

⑧ GENERATING PROCESS \_\_\_\_\_

## LIST COMPONENTS:

	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS
⑨ A. <u>wash water from</u>	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	E. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. <u>decontamination of</u>	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	F. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
C. <u>equipment</u>	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
D. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material _____ %	_____	_____	_____

⑩ WASTE PROPERTIES: pH \_\_\_\_\_ ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☐ Liquid ☐ Sludge ☐ Slurry ☐ Gas ☐ Other \_\_\_\_\_

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other \_\_\_\_\_

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL  
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ Thomas A. Polom  
Signature of Authorized Agent and Title

11-5-82  
Date Shipped

## TRANSPORTER

(HAULER MUST COMPLETE)

U.S.E.P.A.  
CROSBY & OVERTON, INC.

⑭ Name \_\_\_\_\_  
EPA NO. WAT540010071  
Address 20245 76 Ave. South PHONE NO. (206) 583-0060  
CITY, STATE, ZIP Kent, WA 98031 (P.O. Box 1085)

CUSTOMER P.O. NO. \_\_\_\_\_ JOB DESCRIPTION \_\_\_\_\_

CROSBY & OVERTON JOB NO. K4934

TRUCK NO. \_\_\_\_\_ TICKET NO. \_\_\_\_\_

⑮ Thomas A. Polom  
Signature of Authorized Agent and Title

⑯ PICK-UP DATE 11-5-82  
TIME \_\_\_\_\_ ☐ AM ☐ PM

## TSD FACILITY

(FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME G40 #2  
EPA NO. WA D991281767  
PHONE NO. (206) - 872-8030

18 QUANTITY (If Measured) 4-55gal drums  
19 STATE FEE (If Any) \_\_\_\_\_

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: NONE

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

㉑ NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_

㉒ Brian S. Darby  
Signature of Authorized Agent and Title

5 Nov 82  
Date Accepted

TO TRANSPORTER

USEPA SF



1518676



## INSTRUCTIONS FOR COMPLETING MANIFEST

Type or Print clearly. Illegible or incomplete manifests will be returned to you by the State for clarification.

### GENERATOR.

ITEM ① Before filling out the manifest, a unique manifest serial number shall be written or printed on the manifest. (Refer to TRANSPORTER item No. 1 below)

ITEMS ② ③ ④ Provide the complete names, EPA I.D. numbers, addresses and telephone numbers of the generator and designated TSD Facilities.

ITEM ⑤ Provide all U.S. DOT required information. Refer to 49 CFR 172 for assistance. If not applicable write "none" in Item 5.

ITEM ⑥ Provide the most applicable industrial waste category number from the following list. In cases where a waste could be described by more than one category, select the most specific. (Example: If you generate a waste acid plating solution containing dissolved metal, select the category "Plating solution, acid" rather than "Acid solution" or "Heavy metal solution". If none of the listed categories adequately describe your waste, write the waste's category in Item 6.)

- |                         |                            |                          |                                |                                  |
|-------------------------|----------------------------|--------------------------|--------------------------------|----------------------------------|
| 1. Acid sludge          | 16. Capacitors, PCB        | 31. Fly ash              | 46. Oil                        | 61. Scrubber solution            |
| 2. Acid solution        | 17. Catalyst               | 32. Gasoline and water   | 47. Oil sludge                 | 62. Soap                         |
| 3. Adhesive             | 18. Chemicals, unused      | 33. Glaze sludge         | 48. Oil and water              | 63. Solvent, chlorinated         |
| 4. Alkaline sludge      | 19. Containers, empty      | 34. Glue                 | 49. Paint sludge               | 64. Solvent, hydrocarbon         |
| 5. Alkaline solution    | 20. Contaminated equipment | 35. Hair pulp            | 50. Pesticides                 | 65. Solvent, oxygenated          |
| 6. Alkali solids        | 21. Contaminated soil      | 36. Heavy metal solution | 51. Pesticide containers       | 66. Solvent, mixed               |
| 7. Alum sludge          | 22. Cyanides               | 37. Heavy metal sludge   | 52. Pesticide rinse water      | 67. Spill cleanup residue        |
| 8. API separator sludge | 23. Detergent              | 38. Ink and solvent      | 53. Phenolic waste             | 68. Stretford solution           |
| 9. Asbestos solids      | 24. Distillation bottoms   | 39. Ink sludge           | 54. Photoprocessing waste      | 69. Sulfide sludge               |
| 10. Asbestos sludge     | 25. Drilling mud           | 40. Ink waste water      | 55. Plating sludge             | 70. Sump or lagoon sediment      |
| 11. Ashes               | 26. Drugs                  | 41. Laboratory chemicals | 56. Plating solution, acid     | 71. Tank bottom sediment         |
| 12. ASD filter cake     | 27. FCC waste              | 42. Lime sludge          | 57. Plating solution, alkaline | 72. Tanning sludge               |
| 13. Baghouse waste      | 28. Filter cake            | 43. Machine tool coolant | 58. Polychlorinated biphenyls  | 73. Tetraethyl lead sludge       |
| 14. Bilge water         | 29. Filters, spent         | 44. Machining waste      | 59. Resin waste                | 74. Transformers, PCB            |
| 15. Blasting sand       | 30. Flux                   | 45. Metal dust           | 60. Scrubber sludge            | 75. Waste water treatment sludge |

If waste not listed above, specify in Item 6 on manifest.

ITEM ⑦ If the waste is extremely hazardous, provide the State extremely hazardous permit number.

ITEM ⑧ Indicate the process, activity, or operation which generated the waste (Examples: aircraft cleaning, insulation, stripping, reactor cleaning, DDT production, alkylation, printed circuit board etching).

ITEM ⑨ INFORMATION MUST BE PROVIDED IN THIS ITEM 9, DO NOT LEAVE BLANK. Identify the major hazardous constituents in the waste along with probable upper and lower concentrations. (Examples: hydrochloric acid, lead oxide, phenol, PCB, cyanide, DDT, sodium hydroxide). Provide the approximate concentration of nonhazardous material.

ITEMS ⑩ ⑪ Check the appropriate boxes to show the hazardous properties and physical state of the waste. If a waste has more than one hazardous property (e.g., toxic and corrosive) check all appropriate properties (e.g., toxic and corrosive boxes). If the waste is an aqueous liquid, the pH must be reported in Item 11.

ITEM ⑫ Indicate by checking the appropriate boxes whether gloves, goggles, or respirators should be worn by persons handling the waste. Any special equipment, precautions or hazards should also be noted (Example: Sulfide solution will generate toxic gas if mixed with acids).

ITEM ⑬ Sign the manifest and provide your title and the date that the waste was removed from your facility. The person signing Item 13 shall be knowledgeable about the chemical and physical properties of the waste and shall be authorized by the management of the generating establishment to sign the manifest. IT IS UNLAWFUL FOR A TRANSPORTER WHO IS NOT THE GENERATOR TO SIGN ITEM 13.

### TRANSPORTER:

ITEM ⑭ Provide the serial number of the manifest. The first three digits shall be your State hazardous waste hauler number. The six last digits may be any convenient combination of digits (e.g., sequential or chronological). For example, if your registration number is 899, the number of your one thousandth load would be 899-001000. The complete nine digit manifest number shall be unique for any five year period (Example: If you use manifest number 899-001000 on May 31, 1981, it shall not be used on a manifest again before June 1, 1986).

ITEM ⑮ Enter company name, EPA I.D. number, address and telephone number.

ITEM ⑯ Indicate the date and exact time the waste was removed from the generator's facility.

ITEM ⑰ Sign the manifest upon receipt of the shipment and indicate the date signed. The driver shall carry this manifest in a location prescribed in 49 CFR 177.817(e).

### TSD FACILITY OPERATOR:

ITEM ⑱ Provide the TSD facility name and EPA I.D. number.

ITEM ⑲ If the quantity of waste is measured or estimated at the TSD facility (e.g., weighed), indicate the quantity.

ITEM ⑲ If the waste is applied to the land (e.g., surface impoundment, landfill, injection well, or land treatment area), the State hazardous waste fee must be sent to DOHS. Indicate the fee in Item 19.

ITEM ⑳ Write in any discrepancies noted between the manifest information provided by the generator or transporter and that found when the shipment was delivered to the facility. (Examples: differences in quantity or character of waste, container type, or vehicle type). Some significant discrepancies are described in 40 CFR 264.72.

ITEM ㉑ Check the box(es) to indicate the method(s) used to handle or dispose of the waste at the hazardous waste facility. If the waste is treated prior to, or instead of, land disposal write in the treatment method (Examples: neutralization, incineration, oxidation).

ITEM ㉒ If the waste is held at the TSD facility prior to eventual shipment to another facility for treatment, storage, or disposal, provide the name of the designated final TSD facility and its EPA I.D. number. In such cases, you, as the facility operator (transfer station), shall fill out a new master manifest indicating your facility as the generator of the waste and describing all the wastes in the shipment. Completed copies of all original manifests associated with the original waste shipments accepted by you shall be attached to the master manifests.

ITEM ㉓ Sign the manifest, provide your title within the organization and indicate the date that the shipment was accepted at your facility.

The facility operator shall send a copy of the completed manifest to the DOHS, on a monthly basis, or as otherwise required. If wastes are received from transfer facilities, the final TSD facility shall send copy number 1 of each master manifest to DOHS with copies of all original manifests STAPLED to it.

Transfer facilities shall send only one set of copies to DOHS to satisfy the manifest submission requirements for generators and TSD facility operators.

DISTRIBUTION OF MANIFEST COPIES: Copy No. 1 (Original): TSDF keeps - (send photocopy to DOHS); Copy No. 2: To Transporter after signed by TSDF; Copy No. 3: To Generator from TSDF; Copy No. 4: Generator keeps after signed by Transporter (send photocopy to DOHS).

TO INSURE LEGIBLE COPIES USE ONLY BLACK CARBON INSERTS OR BLACK PRINT CARBONLESS TRANSFER PAPER.



## HAZARDOUS WASTE MANIFEST

① Manifest  
Number

-102559

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

## GENERATOR

(Generator Must Complete)

③ Designated TSD Facility (Authorized to operate under an  
approved state program or federal program)

④ Alternate TSD Facility

② Name

EPA NO.

Address

City, State, Zip

Name

EPA NO.

Address

City, State, Zip

Name

EPA NO.

Address

City, State, Zip

⑤

U.S. DOT PROPER SHIPPING NAME

U.S. DOT  
HAZARD CLASSUN/NA  
ID NO.WEIGHT OR  
VOLUME

UNITS

WASTE

WASTE

CONTAINERS NUMBER:

TYPE: ☒ DRUMS ☐ BAGS ☐ CARTONS  
☐ TANK TRUCK ☐ DUMP TRUCK  
☐ OTHER

WASTE CATEGORY

⑦ EX. HAZ. WASTE PERMIT NO.

⑧ GENERATING PROCESS

LIST COMPONENTS:

CONC.  
UPPERRANGE  
LOWER

UNITS

CONC.  
UPPERRANGE  
LOWER

UNITS

⑨ A. wash water from  
B. decontamination of  
C. equipment  
D.

☐ % ☐ ppm.  
☐ % ☐ ppm.  
☐ % ☐ ppm.  
☐ % ☐ ppm.

E. \_\_\_\_\_  
F. \_\_\_\_\_  
G. \_\_\_\_\_

☐ % ☐ ppm.  
☐ % ☐ ppm.  
☐ % ☐ ppm.

Non Hazardous Material \_\_\_\_\_ %

⑩ WASTE PROPERTIES: pH ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen⑪ PHYSICAL STATE: ☐ Solid ☐ Liquid ☐ Sludge ☐ Slurry ☐ Gas ☐ Other⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL  
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬

Signature of Authorized Agent and Title

Date Shipped

## TRANSPORTER

(HAULER MUST COMPLETE)

⑭ NAME

CROSBY &amp; OVERTON, INC.

EPA NO.

ADDRESS

CITY, STATE, ZIP

CUSTOMER P.O. NO.

JOB DESCRIPTION

CROSBY &amp; OVERTON JOB NO.

TRUCK NO.

TICKET NO.

⑮ PICK-UP DATE

TIME ☐ AM ☐ PM

⑯

Signature of Authorized Agent and Title

## TSD FACILITY

(FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME

EPA NO.

PHONE NO.

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND

SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

㉑ NAME

EPA NO.

18 QUANTITY (If Measured)

19 STATE FEE (If Any)

㉒ HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☐ Landfill  
☐ Injection Well ☐ Land Treatment  
☐ Treatment (Specify)  
☐ Recovery or Reuse ☒ Storage/Transfer

㉓

Signature of Authorized Agent and Title

Date Accepted

GENERATOR



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